									<u> </u>	<del>`                                    </del>			
FORM I (Rev. 3	PTO-875 83)		U.S. DEPA		T OF COMIV		AL NO.	15	/		LING DATE	7-8	4
PA <sup>.</sup>	TENT APP	PLICATION REC	FEE DE	TERN	/INATI	ON APP	LICANT (F	IRST NAM	(ED)		11	1	
		HEC	OND				11	27	el.	_e &	al.		
								_					
				CLA	AIMS AŞ	FILED - I	PART		LL EN	TITY		OTHER TH SMALL EI	AAN A
FOR:		NO. FILE	NO. FILED		NO. EXTRA					FEE	OR	RATE	FEE
									\$150	\$150	OR		<b>\$</b> 300
TOTAL CLAIMS		77 (F.M.)					<b>3</b> 5	×.	-	5	<u>OR</u>	×10-	s
INDEP. CLAIMS			2 -3- 6		D	)		×1	5.0	ş	<u>OR</u>	×30 =	s
: MU	LTIPLE DEPENDEN	IT CLAIM PRESENT					] .	+ 5	)-	ş	<u>OR</u>	+100=	s
If the	e difference in col.	1 is less than zero, en	ter "0" in col. 2					тот	AL	5/52	<u>OR</u>	TOTAL	s
				CLAI	MS AS A	MENDE	O - PA	RT II					
		(1)		(	.2)	(3)	_	SM	ALL E	NTITY	,	OTHER T	HAN A
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	ST NO. OUSLY O FOR	PRÉSENT EXTRA		R/	ATE	ADDIT. FEE	<u>OR</u>	RATE	ADDIT. FEE
	TOTAL	•	MINUS	••					5	s		×10 =	s
	INDEP.	,	MINUS					V,	5	s	]	<b>×30</b> -	s
Ā	SEFIRST PRESENTATION OF MULTIPLE DEP. CLAIM							-	50	s	]	i 100 -	s
	1						<u> </u>	TOT LODIT.	AL	s	<u> </u>	TOTAL	s
											_		
AMENDMENT B		CLAIMS REMAINING AFTER . AMENDMENT		PREVI	ST NO. IOUSLY D FOR	PRESENT EXTRA		R	ATE	ADDIT. FEE	<u>OR</u>	RATE	ADDIT FEE
	TOTAL	•	MINUS	••		_			<b>√</b> 5	s .		≺10	s
	INDEP.	•	MINUS	•••		-	7		15	s	]	√30	s
Ā	: ) FIRST PRESENTATION OF MULTIPLE DEP. CLAIM								50	s	7	i 100	s
							_	T(	TAL FEE	s	OR	TOTÁL	s
											. —		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREV	EST NO. /IOUSLY ID FOR	PRESENT EXTRA		F	ATE	ADDIT. FEE	<u>OR</u>	RATE	ADDI <sup>1</sup> FEE
	TOTAL	•	MINUS			-			∢5	s		- 10	s
	INDEP.	•	MINUS				-	-	15	s	1	.30	s
		ENTATION OF MULT	IPLE DEP. CLAIN	<u>.                                    </u>		<u> </u>	$\dashv$	-	50	s	7	: 100	s
l .	, mai rites								OTAL	s	OR	TOTAL	s

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1.